

May 23, 2002

SOCIAL WORK PROFESSIONAL PRACTICE

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides policy and procedures to ensure that Social Work professional practice and services to veteran patients are consistent with practice standards as defined by Social Work Service in VHA and by recognized Social Work professional organizations; and to ensure the practice and standards are addressed at each VHA facility, including community-based outpatient clinics (CBOCs).

2. BACKGROUND

a. VHA employs nearly 3800 master's-prepared social workers. Those hired after August 14, 1991, are required by Federal law to be licensed to practice independently. It is essential that systems and procedures be established to assure quality Social Work practice at each VHA facility, regardless of organizational structure.

b. Where VHA facilities have been reorganized, resulting in dissolution of professional departments, some social workers are not assigned to or affiliated with a Social Work service or department. Some have been assigned to various organizational units and report administratively to staff who are not social workers. These non-Social Work supervisors (program managers, care line managers, etc.) normally are not knowledgeable about Social Work practice and are unable to adequately support, evaluate, monitor or review Social Work practice. Therefore, this directive provides policy and guidance to assist facilities with assuring that Social Work practice issues and standards are appropriately addressed.

3. POLICY: It is VHA policy to comply with standards defined by accrediting organizations, such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the Commission on Accreditation of Rehabilitation Facilities (CARF), and with Social Work professional practice standards developed by recognized Social Work organizations, such as the Council on Social Work Education (CSWE), the National Association of Social Workers (NASW), and the Society of Social Work Leadership in Healthcare (SSWLHC).

4. ACTION

a. **VHA Facility Director.** Each VHA facility Director is responsible for:

(1) Designating a Social Work leader to serve as Social Work Executive for the facility. The Social Work Executive is the liaison with other Services or care lines, other facilities, Veterans Integrated Service Network (VISN) offices and VHA Central Office. In facilities with a centralized Social Work service or department, the Chief, Social Work Service is to function as the Social Work Executive. At facilities without a centralized Social Work service or department, the Social Work Executive serves as the Social Work professional practice consultant and as the contact point for the Office of Social Work Service, VHA Central Office.

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(a) The Social Work Executive will be an experienced clinical social worker, recognized by VHA as an independent practitioner who can demonstrate ability in managing and evaluating programs, developing policy, and developing staff.

1. The amount of designated time (.5 to 1.0 Full-time Equivalent (FTE)) and the General Schedule (GS) grades for the position need to reflect the complexity and scope of responsibility inherent in the oversight of professional health care delivery by social workers (i.e., GS-12 through GS-14).

2. The Social Work Executive functions are to be incorporated into the incumbent's position description, and the amount of time allocated to these duties is to be specified.

(b) The Social Work Executive is responsible for:

1. Receiving and disseminating Social Work practice and resource information to social workers at the facility, including CBOCs.

2. Providing consultation to social workers and other staff on Social Work practice issues.

3. Overseeing the professional practice functions listed in subparagraph 4b.

(2) Establishing a Social Work professional practice and/or standards board or council to work with the Social Work Executive on oversight of practice functions. While this board or council does not have supervisory authority for social workers, it does need to have authority and responsibility for defining and reviewing the professional practice of social workers within the facility.

(3) Ensuring that Care Line Managers and Program Managers consult with the Social Work Executive on questions of Social Work practice.

(4) Ensuring that essential Social Work clinical functions are provided. These functions include:

(a) Case management services for veterans at high medical and/or social risk.

(b) Case management services for chronic and/or seriously mentally ill veterans.

(c) Psychosocial screening, assessment, planning and intervention.

(d) Pre-admission planning and admission diversion services.

(e) Discharge planning and coordination.

(f) Coordination of community-based services, including information and referral.

(g) Community liaison and networking services.

- (h) Case finding and outreach services.
- (i) Crisis intervention services.
- (j) Professional consultation.
- (k) Coordination of family conferences and liaison with family members.
- (l) Patient and family education.

b. **Social Work Executive Practice Functions.** Social Work Executives are responsible for:

(1) **Standards of Practice.** These include:

- (a) Develop and monitor compliance with Social Work practice standards and guidelines on documentation, workload, data entry, ethical practice and service delivery.
- (b) Participate in the oversight of facility Social Work clinical privileging or scope of practice processes.
- (c) In collaboration with Human Resources, track required licensure and/or certification for all social workers, including continuing education requirements, license renewal, and other requirements social workers must meet to deliver appropriate care.
- (d) Assist with credentialing, including primary source verification of degree and license or state certification.
- (e) Ensuring that unlicensed social workers have access to clinical supervision for licensure and/or certification from a licensed social worker.

(2) **Professional Recruitment and Retention.** These include:

- (a) Recruiting qualified social workers, to include participating in interviewing, selection, and orientation.
- (b) Overseeing orientation with new clinical staff regarding Social Work functions.

(3) **Education and Career Development.** This includes:

- (a) Assessing the continuing education requirements of social workers and developing plans for meeting the educational requirements for licensure and clinical practice.
- (b) Providing opportunities for professional continuing education through journal clubs, case presentations, workshops, and conferences.

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(c) Participating in oversight of the Social Work Associated Health Trainee Program, including:

1. Participating in negotiation of Memoranda of Affiliation with schools of social work, requesting trainee positions through the Office of Academic Affiliations,
2. Selecting social workers to serve as field faculty (field instructors and preceptors), and
3. Ensuring that Social Work graduate student interns receive education and training consistent with the requirements of the affiliated school(s) of social work and with the Council on Social Work Education.

(4) **Competency and Performance.** This includes:

- (a) Developing and implementing a Social Work professional practice review system.
- (b) Assessing the competency of each social worker.
- (c) Participating in the development of position descriptions and performance standards for social workers.
- (d) Participating in and providing input into performance appraisals of social workers.
- (e) Mediating professional and service line conflicts around Social Work professional roles, continuity of care, and quality of care, including referral of veterans across service or care lines during episodes of care.
- (f) Consulting with other Services, program managers or care line managers on issues pertaining to Social Work ethics, ethical dilemmas in the delivery of care, and ethical issues within the larger organization.

(5) **Risk Management.** This includes:

- (a) Ensuring compliance with JCAHO and CARF standards applicable to Social Work.
- (b) Evaluating and assessing facility Social Work services and providing input to improve professional Social Work practice.
- (c) Developing and implementing Social Work practice guidelines to streamline operations and increase the likelihood of positive patient outcomes to Social Work interventions.
- (d) Developing a system for the review and evaluation of Social Work practice, including use of established performance improvement tools, development of quantifiable outcome measures, and benchmarking.
- (e) Supporting Social Work research and program evaluation activities.

(f) Providing education and consultation to VA staff, veterans and their families, and staff of non-VA organizations regarding Social Work practice standards, the range of services provided by VA social workers, and Social Work professional roles and responsibilities (such as reporting abuse and neglect).

(6) **Resource Management.** This includes:

(a) Establishing and monitoring Social Work productivity standards.

(b) Re-deploying or participating in decisions to re-deploy Social Work staffing resources based on patient need, productivity, and workload.

(c) Planning and/or participating in planning for optimal Social Work coverage in all program areas, including after-hours coverage, in conjunction with care line and program managers.

(d) Reviewing and resolving complaints about social workers and their practice. **NOTE:** *This function will include consultation with care line managers.*

(e) Validating and consulting on Decision Support System (DSS) labor mapping and Cost Distribution Reports (CDR) for social workers.

(f) Developing procedures for the coordination of Social Work services and deployment of social workers during disasters and emergency situations.

(g) Overseeing and/or providing the coordination and assignment of Social Work staff during disasters and emergencies, when indicated.

c. **Access to Information.** All VHA social workers need information pertaining to Social Work practice and the ability to communicate easily with Social Work peers across VHA. To facilitate this function, social workers must have access to Microsoft (MS) Outlook or MS Exchange electronic mail systems.

(1) The Social Work Executive from each facility must be included in the Social Work Managers mail group on Outlook.

(2) The Office of Social Work Service in VHA Central Office provides information and guidance via e-mail to the Outlook mail group.

(3) In turn, the Social Work Executives have a responsibility to disseminate information pertinent to social worker practice at the facility. **NOTE:** *Whether this information is received from VHA Central Office or other sources.*

d. **Office of Social Work Service.** The Office of Social Work Service in VHA Office is responsible for:

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- (1) Providing consultation on Social Work practice issues and assisting facilities in developing methods for adequately addressing these issues, and
- (2) Conducting site visits to assist facilities in resolving problems with the practice of Social Work.

5. REFERENCES

- a. M-2, Part XII, Chapter 3, February 10, 1992.
- b. VHA Social Work Service Practice Guidelines: Psychosocial Assessment, Psychosocial Treatment, Discharge Planning and Current Literature, October 1994.
- c. VHA Social Work Practice Guideline #2, Social Work Case Management, September 1995.
- d. Veterans Benefits and Health Care Improvement Act of 2000 (Section 205, Public Law 106-419).

6. FOLLOW-UP RESPONSIBILITY: The Office of Social Work Service (110B) is responsible for the contents of this Directive. Questions may be referred to the Director, Social Work Service at 202-273-8549.

7. RESCISSIONS: None. This VHA Directive expires May 31, 2007.

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